

APPLICANT UPDATE FORM
EQUAL HOUSING OPPORTUNITY

CITY OF TUCSON
COMMUNITY SERVICES DEPARTMENT
SECTION 8/PUBLIC HOUSING
(520) 791-4616 TT (520) 791-5481

310 N. COMMERCE PARK LOOP
P.O. BOX 27210
TUCSON, ARIZONA 85726-7210
FAX (520) 791-2506

Si desea que se le explique este documento en español, llame al teléfono 791-4616.

Change of Address

Name: _____ SSN: _____
(Current Head of Household) Social Security Number

New Mailing Address: _____
Street Address

City/ State/ Zip

New Phone # _____ Message Phone # _____
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Changes to Household

(Please Check One) Addition: _____ Removal: _____
Relationship to Head of Household

Name (First, Middle Initial, Last)

Social Security Number Date of Birth

(Please Check One) Addition: _____ Removal: _____
Relationship to Head of Household

Name (First, Middle Initial, Last)

Social Security Number Date of Birth

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Change Head of Household Designation

In the case where there are two adult family members, only one name, that of the Head of Household is to be listed on all documents. We, the undersigned, understand that only one adult in our household may be listed as head of household. Therefore, will be designated as such, (Head of Household and adult must sign and date below).

Signature- New Head of Household Signature - Adult

SSN: _____
Date

Date
.....

I/We hereby acknowledge the above information is true/complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law, and may be grounds for termination of housing assistance.

Head of Household **Date**

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FOR OFFICE USE ONLY: COMPUTER CHANGE DONE:

By: (Initials) _____
Date: _____